



*LFW*

Attorney Docket No.: METZ 2 00011

**AMENDMENT TRANSMITTAL LETTER (SMALL ENTITY)**

|                      |                                              |                                 |
|----------------------|----------------------------------------------|---------------------------------|
| Ser. No.: 10/812,148 | Filed: March 29, 2004                        | Examiner: Philip Francis Gabler |
| Art Unit: 3637       | Title: <b>CABINET SHELF SECURING MEMBERS</b> |                                 |

To the Commissioner for Patents:

Transmitted herewith is a (an) Amendment in the above-identified application. The fee(s) has (have) been calculated as shown below.

| CLAIMS AS AMENDED                   |                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                    |                             |         |                 |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------|-----------------------------|---------|-----------------|
|                                     | Claims remaining after amendment                                                                                                                                                                                                                                                                                                                                                                                                             |       | Highest Number Previously Paid For | No. of Extra Claims Present | Rate    | Additional Rate |
| Total Claims                        | 12                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minus | 20                                 | 0                           | X \$25  | \$0.00          |
| Indep. Claims                       | 2                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus | 3                                  | 0                           | X \$100 | \$0.00          |
| TOTAL                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                    |                             | =       | \$0.00          |
| <input checked="" type="checkbox"/> | No additional fee is believed due however, if this is not the case, the Commissioner is hereby authorized to charge any and all fees to Deposit Account No. 06-0308.                                                                                                                                                                                                                                                                         |       |                                    |                             |         |                 |
| <input type="checkbox"/>            | Payment for the filing of this Amendment and/or any appropriate extension of time fees is/are authorized to be charged to a Credit Card. The appropriate PTO form 2038 is enclosed. If the Credit Card is unable to be charged, please charge any and all fees or credit any overpayment to Deposit Account No. 06-0308. If there are any additional fees required by this communication, please charge same to Deposit Account No. 06-0308. |       |                                    |                             |         |                 |
| <input type="checkbox"/>            | Applicant(s) hereby petition(s) the Commissioner under 37 C.F.R. § 1.136(a) and request a Not Applicable month extension of time to respond to the outstanding Office Action.                                                                                                                                                                                                                                                                |       |                                    |                             |         |                 |

Respectfully submitted,

FAY SHARPE LLP

3/27/07  
Date

*[Signature]*

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| Certificate of Mailing or Transmission                                                                                   |                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I hereby certify that this correspondence (and any item referred to herein as being attached or enclosed) is (are) being |                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/>                                                                                      | deposited with the United States Postal Service as First Class Mail, addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below. |
| <input type="checkbox"/>                                                                                                 | transmitted to the USPTO by facsimile in accordance with 37 CFR 1.18 on the date indicated below.                                                                                                       |
| Express Mail Label No.:                                                                                                  | Signature: <i>Kara L. Krist</i>                                                                                                                                                                         |
| Date: March 27, 2007                                                                                                     | Name: Kara L. Krist                                                                                                                                                                                     |



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) : Gary W. James et al.  
TITLE : **CABINET SHELF SECURING MEMBERS**  
APPLICATION NO. : 10/812,148  
FILED : March 29, 2004  
CONFIRMATION NO. : 2979  
EXAMINER : Philip Francis Gabler  
ART UNIT : 3637  
LAST OFFICE ACTION : December 28, 2006  
ATTORNEY DOCKET NO. : METZ 2 00011

**AMENDMENT**

MAIL STOP AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action mailed December 28, 2006, on the above-referenced patent application, Applicants respectfully request reconsideration of the application.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.